

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

GLENN et al.

Serial No. 09/337,746

Filed: June 22, 1999

For: TRANSCUTANEOUS IMMUNIZATION WITHOUT
HETEROLOGOUS ADJUVANT



Atty. Ref: 4057-27

Group: 1644

Examiner: G.R. Ewoldt

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REQUEST FOR CORRECTION OF FILING RECEIPT

June 6, 2002

Assistant Commissioner for Patents
Office of Initial Patent Examination
Customer Service Center
Washington, DC 20231

Sir:

Enclosed is a copy of the Filing Receipt for the above subject application for which issuance of a corrected filing receipt for items corrected is respectfully requested.

Foreign Applications: Please change the following priority data:

Please delete "Japan 074455/1998 03/23/1998".

The correction is shown in red on the attached copy of the filing receipt. Please issue a corrected filing receipt and update your records accordingly.

No fees are believed to be due. However, the Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

Respectfully submitted,

NIXON & VANDERHYP, P.C.

By: 

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/337,746	06/22/1999	1644	1772	PM-254811		69	1

CONFIRMATION NO. 9348

CORRECTED FILING RECEIPT



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Date Mailed: 02/26/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

GREGORY M. GLENN, BETHESDA, MD;
CARL R. ALVING, BETHESDA, MD;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 08/896,085 07/17/1997 PAT 5,980,898
WHICH IS A CIP OF 09/257,188 02/25/1999
AND A CIP OF 09/309,881 05/11/1999
AND A CIP OF 08/749,164 11/14/1996 PAT 5,910,306
AND A CIP OF PCT/US97/21324 11/14/1997
AND A CIP OF 09/311,720 05/14/1999
WHICH CLAIMS BENEFIT OF 60/090,169 06/22/1998

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Foreign Applications

~~JAPAN 074455/1008 03/23/1998~~

If Required, Foreign Filing License Granted 07/20/1999

Projected Publication Date: Not Applicable, filed prior to November 29,2000

Non-Publication Request: No

Early Publication Request: No

Title

TRANSCUTANEOUS IMMUNIZATION WITHOUT HETEROLOGOUS ADJUVANT

Preliminary Class

424

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Bib Data Sheet

SERIAL NUMBER 09/337,746	FILING DATE 06/22/1999 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. PM-254811
APPLICANTS GREGORY M. GLENN, BETHESDA, MD; CARL R. ALVING, BETHESDA, MD;				
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 08/896,085 07/17/1997 PAT 5,980,898 WHICH IS A CIP OF 09/257,188 02/25/1999 AND IS A CIP OF 09/309,881 05/11/1999 AND IS A CIP OF 08/749,164 11/14/1996 PAT 5,910,306 AND IS A CIP OF PCT/US97/21324 11/14/1997 AND IS A CIP OF 09/311,720 05/14/1999 WHICH CLAIMS BENEFIT OF 60/090,169 06/22/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/20/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MD	SHEETS DRAWING	TOTAL CLAIMS 69
INDEPENDENT CLAIMS 1				
ADDRESS Gary R Tanigawa Nixon & Vanderhye P C 1100 North Glebe Road 8th Floor Arlington ,VA 22201-4714				
TITLE TRANSCUTANEOUS IMMUNIZATION WITHOUT HETEROLOGOUS ADJUVANT				
FILING FEE RECEIVED 1772	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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